

Child and Dependent Care Expenses

OMB No. 1545-0074

2006
Attachment
Sequence No. **21**

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

Before you begin: You need to understand the following terms. See **Definitions** on page 1 of the instructions.

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?

No → Complete only Part II below.

Yes → Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)
First	Last		

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 33	3	
4	Enter your earned income . See instructions	4	
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	
6	Enter the smallest of line 3, 4, or 5	6	
7	Enter the amount from Form 1040, line 38, or Form 1040NR, line 36	7	
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7		
If line 7 is:		If line 7 is:	
Over	But not over	Decimal amount is	
\$0—15,000		.35	
15,000—17,000		.34	
17,000—19,000		.33	
19,000—21,000		.32	
21,000—23,000		.31	
23,000—25,000		.30	
25,000—27,000		.29	
27,000—29,000		.28	
Over	But not over	Decimal amount is	
\$29,000—31,000		.27	
31,000—33,000		.26	
33,000—35,000		.25	
35,000—37,000		.24	
37,000—39,000		.23	
39,000—41,000		.22	
41,000—43,000		.21	
43,000—No limit		.20	
9	Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions	9	
10	Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, minus any amount on Form 1040NR, line 44	10	
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45	11	

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Cat. No. 11862M

Form **2441** (2006)

NOTE: ((****)) = Indicates confidential and/or proprietary information.

2006 California Volunteer Manual

Form 540

FORM 540 PROBLEM 2 DATA SHEET

Form 1040 has been completed for the following client. You must now complete a Form 540. Below is information needed to complete the state return.

Clients Information:

Name:..... Finley Fickle – ((****))
Birth Date – 09/28/1939

Frieda Fickle – ((****))
Birth Date – 10/27/1940

Address: 452 Fire Fly Lane
Fillmore, CA 93015

Phone #:.....(805) 839-2749

Filing Status: Married Filing Jointly

Dependents:.....None

Additional Information


1. Finley & Freida would like to take the standard deduction.
2. The interest shown on Form 1040 was earned from Finley & Freida's savings account.
3. Finley & Freida have a \$2000.00 capital loss carryover.
4. Finley has RRB 1099-R income. He also received \$13,000 in RRB 1099 income.
5. Finley & Freida have rented the same house for the entire year. The rental property is not exempt from property tax.

Landlord information:
Firestone Properties
379 Fernbridge Way
Fillmore, CA 93015
(805) 395-3749

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Form 540

FORM 540, PROBLEM 2 W-2 INFORMATION FOR FINLEY FICKLE

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008		 Visit the IRS website at www.irs.gov	
b Employer identification number ((****))	1 Wages, tips, other compensation 11,056.04		2 Federal income tax withheld 643.07			
c Employer's name, address, and ZIP code Fix It Now 12798 Finch St Fillmore, CA 93015		3 Social security wages 11,056.04		4 Social security tax withheld 685.00		
		5 Medicare wages and tips 11,056.04		6 Medicare tax withheld 160.00		
		7 Social security tips		8 Allocated tips		
d Employee's social security number ((***))	9 Advance EIC payment		10 Dependent care benefits			
e Employee's name (first, middle initial, last) Finley Fickle 452 Fire Fly Lane Fillmore, CA 93015		11 Nonqualified plans		12 Benefits included in box 1		
		13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State Employer's state I.D. no. CA ((****))	16 State wages, tips, etc. 11,056.04	17 State income tax 389.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
CA SDI		98.00				

Form **W-2 Wage and Tax Statement** **2006**


Department of the Treasury- Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Copy A For Social Security Administration – Send this entire Page with Form W-3 to the Social Security Administration; Photocopies are **Not** acceptable.

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Form 540

FORM 540, PROBLEM 2 W-2 INFORMATION FOR FRIEDA FICKLE

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008			Visit the IRS website at www.irs.gov	
b Employer identification number ((****))			1 Wages, tips, other compensation 3,000.00	2 Federal income tax withheld 654.09			
c Employer's name, address, and ZIP code Flying Fingers 855 Fremont Fillmore, CA 93015			3 Social security wages 3,000.00	4 Social security tax withheld 87.00			
			5 Medicare wages and tips 3,000.00	6 Medicare tax withheld 53.00			
			7 Social security tips	8 Allocated tips			
d Employee's social security number ((****))			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name (first, middle initial, last) Freida Fickle 452 Fire Fly Lane Fillmore, CA 93015			11 Nonqualified plans		12 Benefits included in box 1		
			13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
			14 Other			12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
CA	((****))	3,000.00	12.00				

Form

W-2 Wage and Tax Statement

2006

Department of the Treasury- Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions

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FORM 540, PROBLEM 2 RRB 1099-R INFORMATION FOR FINLEY FICKLE

UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH STREET CHICAGO IL 60611-2092		TAX YEAR 2006	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD
PAYER'S FEDERAL IDENTIFICATION NO ((****))	3. Employee Contributions \$33,000.00	COPY B REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN. THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
CLAIM NO. and PAYEE CODE	4. Contributory Amount Paid \$1,277.00		
RECEPIENT'S IDENTIFICATION NUMBER ((****))	5. Vested Dual Benefit		
RECIPIENT'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE FINLEY FICKLE 452 FIRE FLY LANE FILLMORE CA 93015	6. Supplemental Annuity \$13,000.00		
	7. Total Gross Paid \$23,000.00		
	8. Prior Year Repayments		
	9. Federal Income Tax Withheld \$500.00		
	10. Rate of Tax		
	11. Country	12. Medicare Premium Total	